

SARAH STEELMAN, MISSOURI STATE TREASURER MISSOURI FIRST LINKED DEPOSIT SMALL BUSINESS LOAN APPLICATION

Name:					
Business Name:					
Social Security #:		_ Tax I.D. #:	I	Number of Employees:	
Address:			Cit	y:	
County:		State:		ZIP:	
Phone #:		FAX	#:		
Amount Requested: \$		Applicant's Equity: %			
Number of years applicant (TOTAL PARTICIPATION Places in direct turns of humans)	ON IS LIMIT				
Please indicate type of bu		□ Mon	ufo atuain a	П	
			ufacturing		
In addition, is the busines		Minority-owned	□ Woma	an-owned	
APPLICANT CERTIF	ICATION:				
I hereby certify that t	he applicant i	ndividual(s) or bus	iness meets the	e following eligibility criteria:	
	perations and er than 25 full	transacts business i ! time/part time emp			
operating expenses or for Conflict of Interest Por Additionally, I attest that to a borrower must not a operating expenses, the reasonable period there	r the refinanc licy adopted I am in comp exceed \$100, remaining load ady used sha usurer may re eafter, and ag ed application	ing of an existing laby the State Treadliance with all state 000. In the event in proceeds will be it labers additional ingree to respond in I understand the	oan for such pasurer's Office and federal lathat the loan pamediately released instruction during any intention any intention	ively for necessary small business urposes, and that I am aware of the e and I comply with that policy. The total of reduced rate loans proceeds are not used for allowable turned to the lending institution and titution as soon as practicable. I ing the term of the deposit or for a all reasonable requests including total misrepresentation or misuse of lity.	
Name (type or print)				Title (if business)	
Signature				Date	

BANK CERTIFICATION:

After undertaking appropriate review of this loan application, on behalf of the lending institution I find and certify that this applicant is eligible to participate in the MISSOURI FIRST Linked Deposit Program. If the lending institution receives any information during the deposit period which reasonably causes it to question the continued eligibility of this applicant, the institution will immediately notify the State Treasurer and, if requested, the lending institution will re-examine and re-certify the applicant's eligibility. The lending institution further attests that it has no knowledge of any adverse information which would be material to the State Treasurer in determining whether this applicant is an appropriate participant in the MISSOURI FIRST Linked Deposit Program and agrees to immediately notify the State Treasurer if it becomes aware of any such information during the deposit period or for a reasonable time thereafter. The lending institution also hereby acknowledges and reaffirms the terms and conditions previously certified in the Deposit Application for this program.

For Lender:			
Signature	Title	Date	

Americans with Disabilities Act (ADA) Notice

No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of the Treasurer of Missouri, or be subjected to discrimination by the Treasurer of Missouri. Any applicant for the MISSOURI FIRST Linked Deposit program who needs special accommodations (e.g., documents prepared in an alternative format or special telecommunications assistance) should request such accommodations from the Treasurer. For more information about such services, contact the Investments Department at 573-751-8530